



**Nelson Marlborough
District Health Board**

Submission on the Review of the Code for Advertising to Children and the Children's Code for Advertising Food

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Introduction

1. Nelson Marlborough District Health Board (NMDHB) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. NMDHB appreciates the opportunity to comment from a public health perspective on the Review of the Code for Advertising to Children and the Children's Code for Advertising Food (the 'Children's Codes').
2. The NMDHB makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. The NMDHB supports the Advertising Standards Authority's decision to review the Children's Codes earlier than scheduled in order to coincide with work being undertaken across other sectors as part of the Ministry of Health's Childhood Obesity Plan.
4. As recognised by the World Health Organisation,^{1,2} the NMDHB is well aware that food and beverage marketing influences children's eating habits and is associated with poor health outcomes, including its role as a significant contributor to childhood obesity.
5. While the NMDHB acknowledges that the over-consumption of all foods high in fat, salt or sugar (HFSS) are deleterious to the health and wellbeing of children,³ evidence shows that sweet drinks are one of the greatest risk factors.^{3,4} Accordingly, the NMDHB is currently implementing programmes and activities aimed at highlighting and minimising the adverse health impacts of regular sweet drink consumption. This is not to imply that the advertising and health impacts associated with other HFSS foods does not need to be addressed.
6. With this current focus in mind, this submission sets out particular matters of interest and concern to the NMDHB around the advertising, marketing and sponsorship of sweet drinks. For the purposes of this submission, 'sweet drinks' refers to sugar-sweetened beveragesⁱ (SSBs), artificially-sweetened beverages (ASBs) (commonly known as 'diet' drinks), and fruit juices.

Why the focus on sweet drinks?

7. SSBs are one of the main sources of added sugar to the diets of New Zealand children, accounting for over a quarter of their total sugar intake.⁵ The American Heart Association recommends that, ideally, children should not consume more than 3-4 teaspoons (12-16 grams) of added sugars per day.⁶ A typical can of soft drink (330ml) contains around 9 teaspoons of sugar and most 750ml sports drinks contain 15 teaspoons of sugar.
8. Figures from a 2002 study showed nearly a third of New Zealand children consumed four or more SSBs per week, with a higher consumption rate for boys, and Pacific and Maori children.⁷

ⁱ Sugar-sweetened beverages are any beverage that contains added caloric sweetener usually sugar. The main categories of SSBs include soft drinks, sachet mixes, fruit drinks, cordials, flavoured milks, cold teas/coffees and energy/sports drinks

9. Regular consumption of SSBs is a leading risk factor for tooth decay and obesity and is linked to a number of other diseases such as cardiovascular disease and type 2 diabetes.^{8,9,10}
10. Tooth decay is reported to be the single most common chronic disease among New Zealanders of all ages.¹¹ Dental care is one of the most common reasons for children's admission to hospital and for young children dental disease is a leading cause of potentially avoidable hospitalisations.¹² Admission rates to public hospitals for dental care more than doubled between 1990 and 2009 with children accounting for the greatest degree of increase.¹²
11. Childhood rates of nutrition-related non-communicable diseases (NCDs) such as obesity and type 2 diabetes (traditionally considered to be an adult disease) are increasing in New Zealand.^{13,14} One in nine children aged 2-14 years is obese.¹⁵ Children who are obese are very likely to be obese as adults and are at risk of chronic disease.¹ The World Health Organisation states that "*childhood obesity is one of the most serious public health challenges of the 21st century*".¹⁶
12. While fruit juices and ASBs may be free of added sugar, they are not free of consequences. These drinks displace healthier beverage options, can create a habit of drinking 'sweet' drinks,¹⁷ and their acidic nature can cause tooth erosion^{ii, 8}. Additionally for fruit juices, the high sugar content can cause tooth decay.⁸ Fruit juices can contain just as much sugar and calories as SSBs.¹⁸
13. Tooth decay, obesity and other nutrition-related diseases such as type 2 diabetes are a considerable cause of health inequalities and result in significant, and in many cases preventable, costs to New Zealand people, families, communities and the public health system.¹⁹

Examples of inappropriate sweet drink advertising and marketing to children

Sport and sport settings

14. Sport is an integral part of New Zealand children's lives. The Sport New Zealand's 2011 Young People's Survey found that between 60-70% of 7 to 14 year olds take part in three or more hours of organised sport a week.²⁰ Additionally, the survey found that young people are also keen spectators. An average of 80% of boys and 75% of girls aged 5 to 18 watched sport on TV and watched their friends or family play sport, and around 60% of boys and 50% of girls had been to see professional sports events.²⁰
15. Many children are growing up today in an obesogenic environment that has come about through changes in food type, availability, affordability and marketing, as well as a decline in physical activity.¹ In addressing childhood obesity, key interventions recommended by the Commission on Ending Childhood Obesity are focused around physical activity and diet.¹
16. From a public health perspective, sport and sport settings, as key elements of physical activity for children, are ideal health promoting opportunities.²¹ However, evidence available in relation to

ⁱⁱ Erosion occurs when enamel is dissolved from tooth surfaces. Teeth may appear shorter and have visibly worn surfaces

this association suggests otherwise given the HFSS foods and beverages sold at sports venues or promoted using sport.²¹

17. The Introduction of the Children's Code for Advertising Food 2010 states that *"food advertisements should not undermine the food and nutrition policies of Government, the Ministry of Health Food and Nutrition Guidelines nor the health and wellbeing of children"*. The Ministry of Health Food and Nutrition Guidelines advise children (and young people) to drink water before, during and after sport for sufficient hydration unless the moderate to intense activity extends beyond 90 minutes.³
18. Furthermore, Principle 2, Guideline 2(c) of the Children's Code for Advertising Food 2010 states that *"Care should be taken to ensure advertisements do not mislead as to the nutritive value of any food. Foods high in sugar, fat and/or salt, especially those marketed to and/or favoured by children, should not be portrayed in any way that suggests they are beneficial to health."*
19. Despite the above introductory statement and guideline, the NMDHB is concerned that some advertisements for sports drinks infer that these drinks are appropriate for fluid replacement during sports popular with children such as rugby and cricket. These sports do not meet the criteria for intense or moderate activity lasting beyond 90 minutes as per the Ministry of Health nutrition guidelines, and the Health Promotion Agency identifies water as the best choice of drink for these particular physical activities.²²
20. Furthermore, sports drink and other well-known sweet drink advertisements typically use sporting heroes to endorse their products. It is apparent that this form of advertising is in breach of Principle 3, Guideline 3(b) of the Children's Code for Advertising Food 2010 which states *"Persons or characters well known to children should not be used to endorse food high in fat, salt and/or sugar."*
21. National and international studies suggest that product advertising, marketing and sponsorship strategies focused around sports popular with children and/or sporting heroes inadvertently advertises and appeals to children, whether they are the targeted audience or not.^{21,23,24}
22. This was demonstrated locally at Nelson Hospital when a five year old child arrived for his dental general anaesthetic procedure to have multiple teeth extracted holding a large bottle of Powerade. When the NMDHB's Principal Dental Officer asked the child why he drinks Powerade he responded by saying "Because Ritchie does".
23. Some examples of sweet drink advertisements related to sport and sport settings that the NMDHB believes are inappropriate and breach the Children's Code for Advertising Food 2010 are attached as Appendix IA.

Proximity to schools, multi-buy and discount deals

24. A New Zealand study²⁵ found the majority of advertising from food outlets within close vicinity (1km radius) of secondary schools in the study were for 'unhealthy' foods (i.e. inconsistent with the nutritional guidelines for adolescents). SSBs accounted for the greatest proportion of the unhealthy food advertisements.²⁵
25. Also alarming, is the prevalence of sweet drink multi-buy or discount price advertising from outlets near schools or on common school routes. This type of marketing can have a significant impact on increasing sales of high sugar products.²⁶ It encourages consumers to both buy and consume more of a particular product than usual.²⁶ Anecdotally, the NMDHB is aware of local children purchasing sweet drinks, sometimes in large volumes or quantities, from supermarkets and dairies on their way to and from school.
26. The NMDHB considers that this type of advertising and marketing goes against Principle 1, Guideline 1(c) of the Children's Code for Advertising Food 2010 which states "*Advertisements for treat food, snacks or fast food should not encourage children to consume them in excess*". The Code defines 'treat food' as food high in fat, salt or sugar intended for occasional consumption. This includes sweet drinks. The NMDHB notes that the Ministry of Health nutrition guidelines also place sweet drinks under the 'limited' consumption category, with the exception of energy drinks which are not recommended for children or young people under 18 years of age.³ The NMDHB is aware of food outlets around schools heavily advertising energy drinks, including multi-buy promotions, although they are not recommended for school-aged children.
27. Some examples of sweet drink advertisements in close proximity to schools that the NMDHB considers are inappropriate are attached as Appendix IB.

Recommendations

28. The NMDHB **recommends** that the reviewed Children's Codes include a restriction on sweet drink marketing (as defined by the World Health Organisationⁱⁱⁱ in 'Set of recommendations on the marketing of foods and non-alcoholic beverages to children') to children and adolescents across all media formats and community/public settings.
29. The NMDHB **recommends** that careful consideration is given to how this can be effectively achieved given that children and adolescents are influenced by advertising, whether they are the

ⁱⁱⁱ "Marketing" refers to any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service

The World Health Organisation also notes that marketing techniques include advertising, sponsorship, product placement, sales promotions, cross-promotions using celebrities, brand mascots or characters popular with children, web sites, packaging, food labelling and point-of-purchase displays, e-mails and text messages, philanthropic activities tied to branding opportunities, and communication through "viral marketing", and by word-of-mouth

targeted audience or not (for example: identification of viewing times, sporting and public events attended by children/adolescents, proximity of food outlet advertising to schools).

30. In relation to the above point, the NMDHB **recommends** that a further public process is undertaken in determining how the restriction of marketing to children and adolescents will be effectively achieved.
31. Lastly, the NMDHB **recommends** that the reviewed Children's Codes consistently apply to children and adolescents under the age of 18.
32. In support of the above recommendations:
 - The Commission on Ending Childhood obesity recommends reducing the exposure of children and adolescents to, and the power of, the marketing of unhealthy foods, including SSBs.¹ The Commission goes on to note that *"Settings where children and adolescents gather (such as schools and sports facilities or events) and the screen-based offerings they watch or participate in, should be free of marketing of unhealthy foods and sugar-sweetened beverages"*.¹
 - Research has shown restrictions on food and beverage marketing to children rate as one of the most cost-effective strategies available in reducing the consumption of high sugar and/or high fat foods and drinks, and in reducing the rates of childhood obesity.^{27,28}
 - As recognised in the Introduction of the Children's Code for Advertising Food 2010, the United Nation's Convention on the Rights of the Child defines the age of a child as under 18 years of age. Furthermore, the introduction also states that *"food advertisements should not undermine the Ministry of Health Food and Nutrition Guidelines"*. The Ministry of Health Food and Nutrition Guidelines applicable to the Children's Codes apply to children and young people up to 18 years of age.³

Conclusion

33. The NMDHB thanks the Advertising Standards Authority for the opportunity to comment on the Review of the Code for Advertising to Children and the Children's Code for Advertising Food.
34. Evidence shows that sweet drinks are a leading risk factor for poor health outcomes in children, including tooth decay, obesity and subsequent downstream health effects.
35. In summary, the NMDHB recommends that the reviewed Children's Codes include a restriction on sweet drink marketing to children and adolescents (up to 18 years of age) across all media formats and community/public settings. The NMDHB also recommends that careful consideration is given to how this can be effectively achieved, including by undertaking a further public process on the matter.

36. In the interests of the public, the NMDHB urges the Panel to provide for the hearing of oral submissions. NMDHB **wishes an opportunity to present to the Panel** if oral submissions are heard.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Chris Fleming', with a long horizontal flourish extending to the right.

Chris Fleming
Chief Executive
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Appendix IA: Examples of inappropriate sweet drink advertising and marketing related to sport and sport settings



All Blacks partner with Gatorade and join global elite



ALLBLACKS.COM 20 JAN 2016

The world's number one sports drink is partnering with the world's premier rugby team, the All Blacks, in a new five year partnership announced by New Zealand Rugby (NZR) and Gatorade today.



Appendix IB: Examples of inappropriate sweet drink advertising and marketing in close proximity to schools including the promotion of multi-buy and discount deals



A dairy located near a school in Hamilton shows the prevalence of sweet drink advertising including for energy drinks and multi-buy deals. This particular dairy has formed an agreement with the student council not to sell junk food to children in school uniform



A dairy located near a school in Nelson heavily advertising energy drinks



Supermarkets near schools in Tasman and Nelson advertising extreme price discounts and multi-buys

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